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THOS. D. TUTTLE, M. D., Secretary

HELENA, MONTANA

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PUBLIC HEALTH MEETING.

On January 22 and 23, 1908, there will be a meeting of health officers, members of boards of health and all others interested in public health, at Helena. All indications point to a good meeting. Subjects of seven papers have been received, and others have been promised but the subject has not been submitted. A thorough discussion of any one of the subjects submitted will well pay any city or county for sending a representative to this meeting. The object of this meeting is to discuss *ways and means for preventing disease in Montana*. The benefit to be derived from this meeting is a benefit to the people. No person attending this meeting will receive a single cent, directly or indirectly. The knowledge acquired by those attending will be devoted to protecting the people from communicable diseases. This being the case, the representative or representatives of a board of health should not be expected to bear his own expense. Each board of health should have at least one representative present at this meeting and the actual expenses of such representative should be borne by the respective city, town or county.

This meeting is not confined to the health officers and members of boards of health, but every physician, and every person in the state who is interested in the prevention of disease and the protection of the health of the people of our state should be present and take part in the meeting. In many other states largely attended meetings are being held to discuss ways and means for the prevention of tuberculosis. This meeting is a good time to "start the ball rolling" in our State. Come out and help us to initiate a campaign for the enactment of the most important measure of the century. This is not a political nor a financial measure, but one that has for its end a state free from communicable diseases, and among these is the "Great White Plague."

GOOD WORK.

"The City Council of the City of Bozeman offers a reward of \$10.00 for each case, for information that will lead to the conviction of any person or persons violating either of these provisions." The provisions referred to are those relating to reporting communicable diseases and to the violation of quarantine regulations.

The above quotation is a part of a hand bill recently distributed by the Bozeman Board of Health. This board of health is awake and doing, and a continuation of this kind of work means that the city of Bozeman and Gallatin county (for the county board is doing similar work) will gain a reputation for freedom from disease, and this, together with her present reputation for comparative freedom from vice and evil influences, will build up the town and populate the county with a home-loving people, the very best class of people any community can have.

Let Bozeman take another step and be the first town in our State to organize an antituberculosis society. Let other towns and counties follow the example of this board of health, and then "watch us grow," grow stronger, grow larger, grow cleaner, and our funerals will be the funerals of old men and women, gone to their rest after a long, useful and clean life.

Given an active board of health, supported by the people of a locality and what is the result? A clean town and a people free from disease. Given an active board of health determined to secure the best results for the benefit of the people and the support of the people will follow as naturally as does the day the night.

DIPHTHERIA.

Diphtheria is the most fatal of all the infectious diseases. In this State it causes more deaths than do Scarlet Fever, Smallpox and Measles put together. It is also one of the most contagious diseases and extends rapidly from one to another. The poison is very tenacious and will live for a long period, how long we do not know, unless killed by thorough disinfection. The disease is most common among children between two and ten years, and it is also most fatal between these ages. Between the ages of ten and thirty the frequency of the disease not only diminishes, but the mortality in proportion to the number of cases also diminishes. After thirty the mortality again increases.

Diphtheria is transmitted by direct contact with the patient, being in the room with him, and by indirect means as well. It is carried in letters, books, papers, clothing, and on the person, cooking utensils, table ware, bedding,

dogs, cats and other pets; flies and other insects; in fact the disease may be carried by any object, animal or insect that has been exposed to infection. Every case of diphtheria may be traced to another case of the same disease. The mode of transmissal may be hard to find, but it exists. One method of transmissal not often taken into consideration, but which deserves more thought, is what we might term "indirect infection through the medium of household pets." By this we mean the transmissal of the infection from one household pet to another and thence to the child. Under no circumstances should any domestic animal be exposed to infection; their actions are more difficult to control than are those of children, and this is saying much.

It is not probable that diphtheria can result from unhygienic surroundings, but it is certain that the disease prevails to a greater extent and assumes a more severe form where the surroundings are unsanitary than where they are sanitary. Especially is this true where there is defective plumbing, decomposing vegetable matter and damp, poorly ventilated living quarters. The cause is probably due to the depleted condition of the systems of those living under such circumstances, resulting in a greater degree of susceptibility to the disease and enabling it to secure a firmer foothold in the system. A healthy child exposed to any contagion is much less apt to contract the disease than is an unhealthy child under the same conditions. Some writers go so far as to assert that diphtheria is rarely if ever contracted unless the lining of the throat or nose is inflamed or in a catarrhal condition.

Diphtheria usually develops within four days after exposure, but it may be delayed as long as eight or ten days. The onset of the disease does not present any characteristic symptoms. The child may complain of simply feeling badly, does not want to play, feels chilly, has a headache and usually pain in the back. There is usually some fever, but it is not high. If the throat is complained of inspection will, at this stage, not show anything more than a general redness with possibly a little swelling. These are the symptoms common to most any disease in children and can not be taken as indicating any special disease. Watch the throat, and usually, within twenty-four hours, a grayish white membrane will appear on the tonsil and soft palate. When this is seen do not delay but send for a doctor and send quickly, the life of your child may depend on prompt

action. Do not think that because there is only a little fever, that the child can not have diphtheria; high fever is much more characteristic of tonsilitis than of diphtheria.

When diphtheria is prevalent any sore throat is suspicious, and diphtheria is now prevalent over our entire State. It extends from Culbertson to Eureka, and from Havre to Forsyth. In October there were 165 cases reported and in November 145 cases. We have reason to believe that there were many mild cases that were never reported, never recognized, and that in some instances at least these mild cases were permitted to attend school. These are the most serious of all cases, because through them many children are exposed without any one knowing where the infection came from. If there is diphtheria in your neighborhood do not neglect a sore throat and do not poison the children of your friends and neighbors by allowing a suspicious throat to go unattended.

To prevent the spread of diphtheria absolute quarantine is necessary; unsanitary conditions must be sought out and removed; every article exposed to the disease must be thoroughly disinfected; books, toys, and other inexpensive articles used about the patient must be burned; under no circumstances should a book exposed to diphtheria be returned to a public library; when the disease is prevalent every sore throat must be classed as suspicious and examined by a physician. If there is the slightest doubt as to the character of a sore throat a culture tube should be innoculated and sent to a bacteriologist for examination. These examinations are made by the State Bacteriologist at Helena, and do not cost you one cent. In the mean time quarantine should be established. If the case proves to not be diphtheria you have not been greatly damaged by the two or three days of isolation and if it proves to be diphtheria many exposures have been prevented. If you see any person disregarding quarantine measures or if you know that any child is attending school from any house infected with diphtheria, immediately notify the local health officer or the State Health Officer.

Antitoxine as a preventive and a curative agent will be taken up in our next number.

COMMUNICABLE DISEASES REPORTED FOR THE MONTH OF NOVEMBER, 1907.

SMALLPOX—Cases of Smallpox were reported as follows: Fergus 1; Missoula 1, imported from Sanders; Ravalli 1; Silver Bow 1; Yellowstone 3 (one in Billings), two imported from Colorado; total 7; total last month 13; total November, 1906, 1.

DIPHTHERIA—Cases of Diphtheria were reported as follows: Beaverhead 5; Carbon 4; Cascade 1; Custer 4; Deer Lodge 8, (4 in Anaconda); Fergus 1; Flathead 21; Gallatin 1; Jefferson 10; Lewis and Clark 6 (2 in Helena); Missoula 21 (19 in Missoula City); Park 3 (all in Livingston); Rosebud 7; Sanders 13; Silver Bow 38 (30 in Butte); Yellowstone 2 (both in Billings); total 145; total last month 165; total November, 1906, 31.

SCARLATINA—Cases of Scarlet Fever were reported as follows: Beaverhead 2; Broadwater 1; Cascade 14 (13 in Great Falls); Deer Lodge 6 (all in Anaconda); Fergus 4; Gallatin 13 (5 in Bozeman); Lewis and Clark 1 (in Helena); Missoula 4 (all in Missoula City); Ravalli 7; Sanders 3; Silver Bow 10 (8 in Butte); Yellowstone 1; total 66; total last month 27; total November, 1906, 11.

MEASLES—Cases of Measles were reported as follows: Carbon 1; Deer Lodge 4 (all in Anaconda); Fergus 2; Missoula City 1. Total 8; total last month 9; total for November, 1906, 85.

TYPHOID FEVER—Cases of Typhoid Fever were reported as follows: Beaverhead, 7; Carbon 5; Cascade 19 (14 in Great Falls, of which 8 are reported as having been infected outside of city); Custer 6; Fergus 11; Flathead 12; Gallatin 2 (both in Bozeman); Jefferson 2; Lewis and Clark 2 (both in Helena and both reported as having been imported); Missoula 28 (23 reported from Missoula City and of these 20 are reported as having been imported); Powell 2; Ravalli 1; Rosebud 1; Silver Bow 7 (all in Butte); Yellowstone 13 (11 in Billings); total 118; total last month 244; total for November, 1906, 59.

MORTALITY

Deaths Reported to the State Board of Health for the Month of
November, 1907, Arranged According to Counties,

	Tuberculosis.....	Diphtheria.....	Scarlet Fever.....	Measels.....	Typhoid Fever.....	Meningitis.....	Whooping-Cough.....	Pneumonia.....	Nephritis.....	Organic Heart Disease.....	Malignant Tumors.....	Acute Intestinal Diseases.....	Violence.....	Suicide.....	Alcoholism.....	All other Causes..	Totals.....
Beaverhead.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	3	5
Broadwater.....	.....	.....	.....	.....	.....	.....	.....	2	1	1	.....	.....	.....	.....	.....	.....	4
Carbon.....	.....	.....	.....	.....	1	.....	.....	4	.....	.....	.....	1	3	.....	.....	5	14
Cascade.....	4	.....	1	.....	.....	3	.....	.....	4	2	1	1	1	.....	.....	5	23
Chouteau.....	3	.....	.....	.....	1	.....	.....	1	.....	.....	1	.....	1	.....	.....	3	10
Custer.....	2	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	1	.....	1	.....	5
Dawson.....	.....	.....	.....	.....	2	.....	.....	1	.....	.....	.....	.....	1	.....	.....	3	7
Deer Lodge.....	.....	.....	.....	.....	.....	1	.....	1	1	2	2	.....	.....	.....	.....	5	12
Fergus.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	6	9
Flathead.....	1	3	.....	.....	.....	.....	.....	2	.....	3	.....	.....	5	.....	1	8	23
Gallatin.....	1	.....	.....	.....	.....	1	.....	.....	1	1	.....	1	3	.....	.....	5	13
Granite.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	2
Jefferson.....	1	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	1	4
Lewis and Clark..	6	1	1	.....	.....	.....	.....	1	.....	3	1	.....	3	.....	1	12	29
Madison.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	3
Meagher.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	1
Missoula.....	.....	2	.....	.....	.....	7	2	4	.....	5	1	.....	4	.....	.....	10	35
Park.....	.....	.....	.....	.....	.....	.....	.....	2	.....	1	.....	.....	.....	.....	1	2	6
Powell.....	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	.....	.....	1	.....	1	.....	4
Ravalli.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	1
Rosebud.....	2	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	1	.....	.....	4
Sanders.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4	.....	.....	1	5
Silver Bow.....	8	1	.....	.....	3	3	.....	9	8	9	4	.....	6	.....	2	25	78
Sweet Grass.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	3	5
Teton.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	2
Valley.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	1	1	.....	.....	3
Yellowstone.....	2	1	.....	.....	.....	1	.....	5	.....	1	2	1	3	.....	.....	6	22
Totals.....	30	8	2	.....	18	8	.....	36	15	32	12	4	45	3	7	109	329

Deaths per 100,000; 117.5

Annual Death rate per 1,000; 14.1

Deaths reported from cities of 5,000 or more inhabitants

Anaconda.....	.....	.....	.....	.....	.....	1	.....	1	.....	1	2	.....	.....	.....	.....	3	8
Billings.....	2	1	.....	.....	.....	1	.....	5	.....	.....	1	1	2	.....	.....	6	19
Bozeman.....	.....	.....	.....	.....	.....	1	.....	.....	1	.....	.....	.....	1	.....	.....	3	6
Butte.....	8	1	.....	.....	3	2	.....	9	8	9	4	.....	6	.....	2	25	77
Great Falls.....	2	.....	1	.....	3	.....	.....	.....	3	2	1	.....	.....	.....	.....	3	15
Helena.....	6	.....	.....	.....	.....	.....	.....	1	.....	3	1	.....	1	.....	1	9	22
Livingston.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	1	1	3
Missoula.....	.....	1	.....	.....	6	2	.....	1	.....	3	1	.....	1	.....	.....	8	23

